

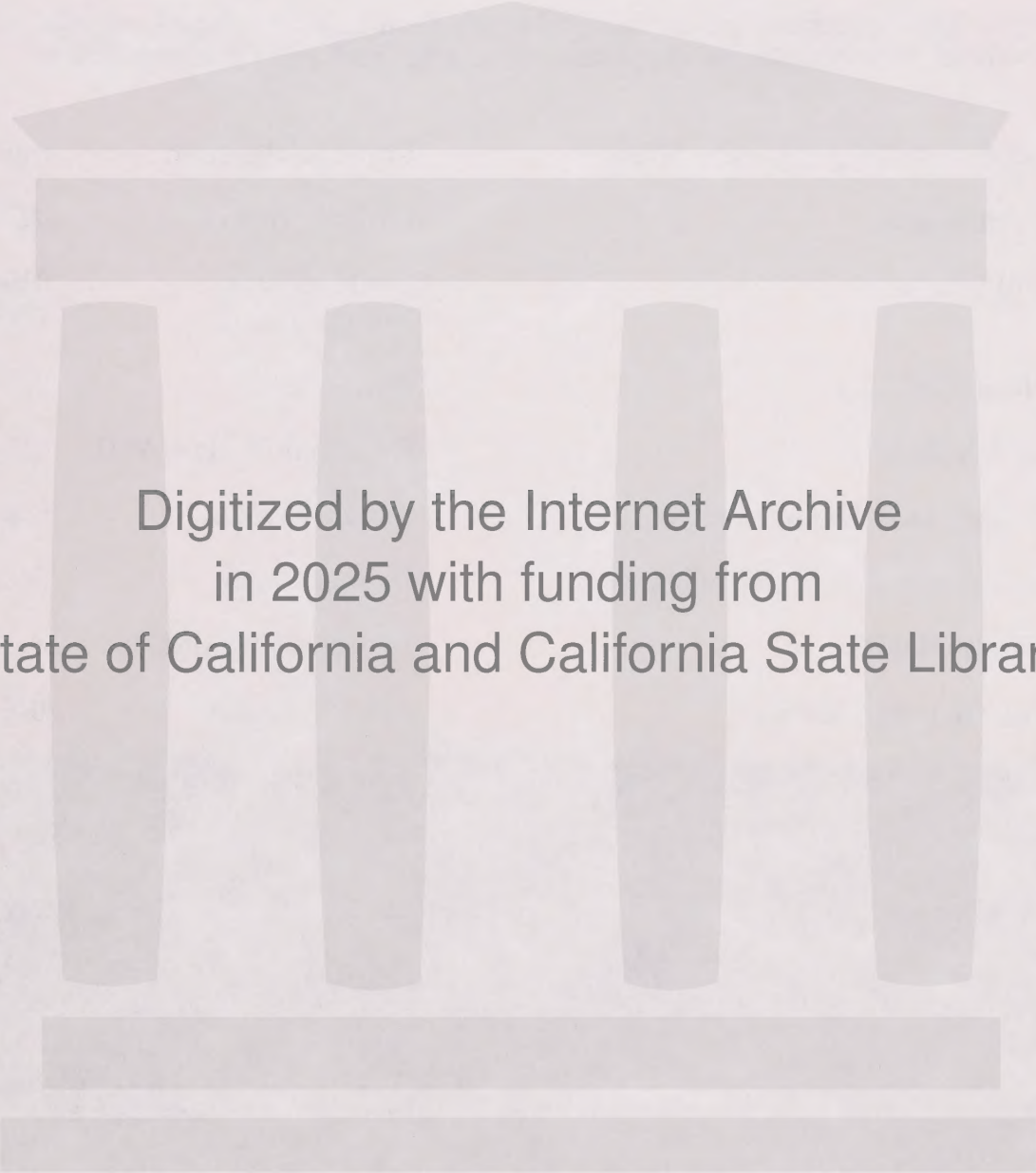


Kids First

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Kids First

The Status of Contra Costa Kids

Kids don't vote, kids often have no voice, but they are our most cherished resource and the hope for Contra Costa's future.

The **Contra Costa Children's Coalition** has prepared a series of fact sheets on the most critical issues facing Contra Costa's children. The fact sheets include recent statistics, trends, and recommendations.

The Topics Include:

- Child Abuse
- Child Care
- Child Health
- Child Violence
- Hunger/Homelessness
- Injury
- Juvenile Crime & Delinquency
- Mental Health
- Nutrition/Fitness
- Out-of-Home Placement
- Substance Abuse
- Teen Pregnancy
- Tobacco Use

Published July 1991

If you would like to purchase a set of fact sheets, please fill out the request form below.
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Kids First

Fact Sheets On The Status Of Children In Contra Costa County



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Contra Costa Children's Coalition
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Contra Costa County Children's Coalition



Introduction



Children are one fourth of Contra Costa County's population. Although they number over 202,000, they wield no political clout, and have no economic power. The quality of their lives depends upon the care and thought adults give to their welfare. The **Kids First Project** presents these facts for review by all thoughtful and caring adults in Contra Costa County. The facts paint a picture of disturbing proportions - **an increasing number of Contra Costa's children are in trouble.**

Affluence and poverty coexist easily in Contra Costa County. Not because they are on friendly terms, but because they are so distant from one another. While poverty in Contra Costa County is located primarily in its east and west regions, affluence seems to congregate in Central and South County. Distance ensures that the affluent go about their lives seeing little of and knowing little about those less fortunate than themselves. This is a costly ignorance:

Children are the future. The quality of their development will determine the prosperity of California and the nation as we prepare to enter the 21st century. (Children Now)

While only six percent of Contra Costa County's population lives in poverty, 24% of our children do. Affluence does not protect children from some of the problems described in this report, but it does often buffer them from catastrophic consequences. So, it is children in poverty who most often lose their futures to the calamities of childhood examined in this report: poor health, violence, abuse, homelessness, and alcohol and drug addiction.

Huge Cost

Demographers tell us that the future economic well-being of our country depends upon the productivity of the members of this generation. Therefore, society cannot afford to lose so many of its members to the consequences of childhoods lived in "at risk" circumstances. Fortunately, there are people and programs who know how to help these children find their way into the mainstream. But these programs are grossly underfunded and overburdened. The Children's Coalition maintains that if we are to save this next generation, we must generate support for programs that serve children and their families. They must be *held harmless* in this time of fiscal crisis. The dollars we deny children in need now will multiply into lost lives and lost revenue for society.

It is shocking that children in Contra Costa live in the circumstances described in some of these factsheets. Business cannot continue as usual when:

2,750 children are homeless

9,030 children are reported as abused

15% of all babies test positive for drugs

Background of the Children's Coalition

In September 1980, the Children's Coalition first formally convened as the Contra Costa County Coalition for Children and Youth. The Coalition adopted the following organizational statement:

The Contra Costa County Coalition for Children and Youth is a group of concerned citizens and representatives from public and private human service organizations. The Coalition advocates for a coordinated spectrum of high-quality prevention and treatment programs and services adequate to meet the needs of our children and youth.

For over a decade, the Coalition has served as an independent watchdog over the full spectrum of children's services. Some of the Coalition's activities include advocacy, networking and information sharing, participation in the planning of children's services, and annual reviews of the county budget. The Coalition maintains a mailing list of interested people and programs representing a wide range of children's services and concerns.

The Kids First Project

Factsheets on the Status of Children in Contra Costa County

In late 1990, the Coalition decided to dramatically highlight the present crisis: creating a series of factsheets on critical issues that effect the status of children in Contra Costa. Specific coordinators with expertise in each area were assigned to research and draft each factsheet. The coordinators ensured that appropriate individuals and organizations were given a chance to provide input and feedback on each factsheet. This packet represents the culmination of this extensive effort.

The observations and facts recounted in this report are a reflection of the expertise and research of current project participants. Each factsheet contains the recommendations generated by those who created it; each stands on its own. For more information on a specific issue, please contact the particular coordinator for that topic. The coordinators' names and phone numbers are listed in the appendix.

The Kids First Project factsheets enclosed address substance abuse, mental health, nutrition/fitness, tobacco use, hunger/homelessness, out-of-home placement, child abuse, teen pregnancy, injury, child care, public health, and juvenile crime and delinquency. The Coalition plans to add other important topics to this factsheet packet later (e.g. education and specialized health topics).

These sobering facts and preliminary recommendations are just the beginning. Our hope is that this project will spark the commitment of Contra Costa adults **to act**. In the words of Children's Defense Fund founder Marion Wright Edelman, **we need to work to "leave no child behind."** Starting now, we all have opportunities in our private and public lives to make children and their families more of a priority when it comes to matters of time and money. We must be the eyes, ears, voices and votes for those who count on us to care for them.

FACT SHEET: *The Status of Contra Costa Children*

Alcohol and Drug Use and Abuse

BACKGROUND:

Recent studies reveal that use and abuse of alcohol and other drugs by youth is a serious problem in all of our communities, yet actual consumption of alcohol and other drugs by adolescents represents only the tip of the iceberg. Infants exposed to drugs and alcohol in utero, the detrimental effects on children and adolescents raised in drug addicted and alcoholic families, or separated from their parents because of their alcohol and drug problems, and the relationship of drug and alcohol abuse to AIDS and other sexually transmitted diseases, violence, sexual assault, injuries and child abuse are all part of a very complex problem of the effects of alcohol and other drug abuse on children and adolescents.

SCOPE OF THE PROBLEM:

Perinatal Substance Abuse

- Approximately 2,000 infants or 15% of all births in Contra Costa County test positive for drugs at birth.
- Parental use of alcohol and drugs was directly responsible for the placement of 319 Contra Costa County children in foster care in 1988.
- In 1987, Kaiser Walnut Creek reported that 25% of women enrolled in prenatal services admitted to using drugs and/or alcohol during pregnancy.

Children of Alcoholics and Addicts

- 80% of the families involved in Contra Costa County Child Protective Services have problems with alcohol and other drugs.
- 60% of adolescents in drug abuse treatment had parents who abused drugs or alcohol.
- The greatest predictor of drug and alcohol abuse is the presence of parental drinking or drug use problems.

Alcohol and Drug Use Among Youth

- Alcohol is considered to be the gateway drug to all other drugs. Nationally it is reported that 70% of high school seniors use alcohol monthly and have been intoxicated in the last 30 days. 40% of youth have tried alcohol by age 10.
- During high school, 30% of adolescents will experience extreme abuse of alcohol and 20% will abuse other drugs. Four out of ten teens use marijuana, and one in six have used crack cocaine. The use of LSD is increasing among high school youth.
- In 1989 in Contra Costa County, 671 individuals under the age of 21 were arrested for DUI (driving under the influence).

FACT SHEET: The Status of Contra Costa Children

Alcohol and Drug Use and Abuse

CONTINUED -

TRENDS:

- Drug felon arrests among minors in Contra Costa County increased dramatically between 1984 and 1987 from 18.9/100,000 to 34.4/100,000.
- There were six times as many adolescents receiving treatment for drug and alcohol abuse in 1989 than there were in 1986.
- National surveys show that drug and alcohol use by teens peaked in 1979 and has been slowly decreasing.

ECONOMIC AND HUMAN COSTS:

- It is estimated that alcohol alone costs the nation \$80 billion a year in deaths, injuries, disease and hospital treatment.
- Teenagers spent more than \$50 billion on illicit drugs in 1985, in contrast they spent \$3 billion for records, tapes and snacks.
- It costs an average of \$19,000 - \$28,000 to treat one drug exposed, low birth weight infant in a neonatal intensive care unit. Costs can go as high as \$150,000 per infant.

RECOMMENDATIONS:

- Develop education and prevention programs for youth and pregnant women, modeled after successful prevention efforts such as tobacco cessation programs.
- Use schools as a forum to educate teachers, administrators, and parents.
- Use youth to educate other youth about the dangers of alcohol and other drug use.
- Develop alcohol and drug free alternative activities for youth (e.g. theater and dance, parks and recreation, teen centers, peer education programs).
- Provide supports such as child care, clean and sober housing, and employment training for families in early recovery from alcoholism and/or addiction.
- Develop national, state, and local policies that limit youth accessibility to alcohol.
- Develop additional residential and out-patient drug and alcohol services for youth and pregnant women.

SOURCES:

California Department of Motor Vehicles

Contra Costa Alcohol and Drug Abuse Council

Contra Costa County Drug and Alcohol Programs

National Institute for Drug Abuse

New Connections

Perinatal Network of Alameda / Contra Costa

FACT SHEET: *The Status of Contra Costa Children*

Child Care

BACKGROUND:

An estimated 54,000 Contra Costa children need care outside their own homes provided by someone other than a relative. There are 302 child care centers and 1,330 licensed Family Day Care homes in Contra Costa County with a total capacity of 26,343 slots. Sixty-two percent of available child care is center based, and 38% is in Family Day Care home settings.

SCOPE OF PROBLEM:

The current need for infant care exceeds supply by approximately a four-to-one margin. The need for school age care exceeds supply by approximately a five-to-one margin.

Statistics indicate the immediate need for out-of-home care in Contra Costa County is:

<u>Age</u>	<u>Supply</u>	<u>Additional Need</u>
0- 2	3,220	9,408
2- 5	17,459	none
5-12	5,664	21,357

The cost of child care is prohibitive for many families in Contra Costa County. The average annual household income is \$49,600.

The average monthly cost of full-time child care per child is \$452.00 for infants, \$378.00 for preschoolers, and \$282.00 for school-age children. These charges only constitute a portion of the actual expenses of operating a child care program. In order to offer affordable care while maintaining at least minimum standards of quality, child care programs balance their budgets through substandard wages to their workers.

A major contributor to the quality of a child care program is the quality of its workers. The quality of the pool of child care workers is directly reflected in the salaries and benefits paid to those workers.

Staff salaries in Contra Costa County average \$6.57 for teachers and \$5.34 per hour for assistant teachers. Because of low salaries, programs constantly are plagued by high staff turnover which is detrimental to the development needs of young children.

TRENDS:

Child care needs are becoming more complex as families struggle to survive by piecing together more than one job per adult. Child care programs are being forced to expand their hours to meet these irregular schedules.

There is a growing number of children with developmental problems entering the child care delivery system. Teachers are learning new strategies to care for these challenging children.

Local governments, cities, and Contra Costa County recognize the importance of implementing new initiatives to address the child care needs of their constituents.

FACT SHEET: The Status of Contra Costa Children

- CONTINUED -

Child Care

ECONOMIC AND HUMAN COSTS:

The critical lack of infant care makes it almost impossible for a working mother to find affordable care at the expiration of her maternity leave. Thus, many women are forced into longer maternity leaves than originally planned.

The inadequate supply of school-age care forces children into self-care at an early age.

The inadequate funding of early intervention programs for children with special needs results in more complicated problems as the child grows up.

RECOMMENDATIONS:

- Increase public and private financing and support for child care.
- Increase child care services for special needs populations.
- Educate and advocate for better salaries, benefits and working conditions.
- Increase public planning for child care services.
- Increase community and parent awareness of quality child care issues.

SOURCES:

"Child Care in Contra Costa County," Contra Costa Child Care Council, 1990

"Economics of Child Care," The Bulletin, Contra Costa Child Care Council, December, 1990

Supply statistics from Resource and Referral files, Contra Costa Child Care Council, Concord, California, 1991

"The Contra Costa County Survey of Child Care Center Salaries, Benefits and Working Conditions, 1990," The Child Care Employee Project, Oakland, California

FACT SHEET: *The Status of Contra Costa Children*

Child Abuse

BACKGROUND:

More than a century ago the Society for the Prevention of Cruelty to Animals (SPCA) rescued a severely beaten and neglected girl named Mary Ellen. Mary Ellen's rescue brought the issue of child abuse before the American public and as a consequence the Society for Prevention of Cruelty to Children (SPCC) was born. Despite its early recognition as a major societal problem, child abuse is still on the rise. According to a 1987 House Select Committee on Children, Youth and Families, its escalation is particularly dramatic in the area of child sexual abuse.

The common denominator for child abusers is that most were abused as children.

One study of violent inmates at San Quentin State Prison indicated that each was abused as a child.

SCOPE OF THE PROBLEM:

- One in three girls will be molested by age 18.
- One in six boys report being molested before the age of 18. Most professionals believe that the statistics for boys and girls are the same but boys under report—due to their fear of being thought of as weak and not in control.
- The average age for sexual abuse is five years while the average age of disclosure is 12.
- A child rape occurs every 45 minutes.
- Ninety percent of offenders are known to the child.
- Emotional abuse leaves a child deeply scarred and has been linked to teenage suicide. Teen suicide is the leading cause of death in youths.
- Child Protective Services in Contra Costa County received 9,030 new referrals between December 1989 to December 1990.

TRENDS:

Between 1979 and 1982, child abuse reports increased by 300% in Contra Costa County. Although some of this increase may be attributable to more stringent reporting requirements, much of it reflects an intensifying problem.

Based on national trends, we can expect approximately 22,000 females and 13,000 males to be sexually assaulted in Contra Costa County by the time they are 18.

A recent survey conducted by the National Committee for Prevention of Child Abuse revealed that child abuse reports increased 10 percent last year. This is the largest annual increase since 1985.

Nationally, in 1989, the number of child fatalities as a result of abuse reached 1,237.

FACT SHEET: The Status of Contra Costa Children

- CONTINUED -

Child Abuse

ECONOMIC AND HUMAN COST:

Seventy percent of adolescent drug addicts were involved in some form of family sexual abuse. Similar findings have been reported among prostitutes and runaways.

RECOMMENDATIONS:

- We need a multi faceted approach to end child abuse. This includes coordinating prevention, intervention, peer support, legal help and legislative advocacy.

SOURCES:

Finkelhur, David, Assistant Director of Family Violence Research Project at University of New Hampshire. "Sexually Victimized Child"

Russell, Diana, The Incidence and Prevalence of the Interfamilial and Extra Familial Sexual Abuse of Male Children

FACT SHEET: The Status of Contra Costa Children

Child Violence

BACKGROUND:

Intentional injury or violence to children includes child abuse, assault, homicide, rape, and suicide. The U.S. Public Health Service's publication, Promoting Health/Preventing Disease: Year 2000 Objectives, addresses the issue of intentional injury by including formal recognition of violence as a health problem.

- From 1982 through 1984, teens suffered a violent crime rate twice that of the adult population.
- More than 40,000 people under the age of 18 were arrested for violent crimes in 1986.
- While up to half of the assaults committed occur in schools, 80-90% of violent incidents in schools are not reported to the police.
- When the entire child population is considered (from 0-19), homicide is the leading cause of death after motor vehicle fatalities. By some estimates, there are 100 assaults for every reported homicide.
- According to one study, close to half a million girls now attending high school will be raped before they graduate. Only five percent of rapes are reported.
- A recent survey found that one fourth of the boys AND one fifth of the girls believed it was "OK" to force sex on a girl if the boy spent \$10 or more on her.
- There are approximately 6,000 youth suicides annually (ages 15-24). For every one completed, 120 are attempted.

SCOPE OF THE PROBLEM:

- From 1980 to 1985, 695 children between the ages of nine and 14 were murdered in California.
- From 1980 to 1985, 128 California children took their own lives.
- In 1986, 196 white, 344 black, and 43 non-white youth between 15 and 24 were murdered in California. In Contra Costa County the homicide rate is 5.9 per 100,000 for all youth, in contrast to 142 per 100,000 for young black males. However, when socioeconomic conditions are controlled, racial distinctions in violence statistics disappear.
- California schools reported 10,569 incidents of weapons possession in 1988-89.

TRENDS:

- Weapon possession in California's public schools increased by 28% in the 88-89 school year. When compared to the 85-86 school year, the amount of guns found more than doubled.
- Suicide rates for youth have tripled since 1960, while the rate for the overall population has remained constant.

Between 1983 and 1986 for children under 18:

- The arrest rate for murder increased by 22% to 1,495.
- Forcible rape arrest increased by 14.6% to 4,604.
- Aggravated assault arrest increased by 18.6% to 36,006.

ECONOMIC AND HUMAN COSTS:

U.S. Senator Biden's Violence against Women bill of 1990: (for rape)... "If the cost to the individual is grave, the cost to society is staggering. It is not a simple matter of adding up medical costs, or law enforcement costs, but of adding up all those expenses plus the costs of lost career, decreased productivity, foregone educational opportunities, and long-term health problems."

- The lifetime cost of injury by firearms for children ages 0-14 totaled \$587,000,000 in 1985.

FACT SHEET: *The Status of Contra Costa Children*

Child Violence

- CONTINUED -

- \$300 million is being spent by the California Youth Authority to add 2,900 beds to its existing 5,900.
- The cost to children of abuse and assault is severe in terms of psycho-social development.
- The social impact of sexual assault alone is enormous, given that (one out of five girls between the age of 12 and 19 report having been forced to have sex).

PROJECTIONS:

Increases in violence are often associated with decreases in economic prosperity. Given our current economic down-turn, we can expect the level of violence perpetrated against children to increase.

- The New York Times' estimates that more than 6,000 youth will be incarcerated by 1992.

RECOMMENDATIONS:

- Work for the passage of local and national legislation that relates to the prevention of child intentional injuries.
- Comprehensive education in the school system to empower children that includes helping build self-esteem, and developing cross-racial and gender alliances.
- Education should enable a child to understand what child abuse is and how to protect oneself against it, what sexual assault is and how to avoid/report it, what resources can be accessed during personal crises, and how to deal with conflict non-violently.
- Parenting/child care-taker classes that teach child care skills and coping mechanisms (both for current and future caretakers), including an emphasis on child development.
- Establish coalitions to work on violence prevention.
- Monitor the role of media in promoting violence among children.

SOURCES:

AVAC position paper on "Television, Violence, and Children" 1990

Child Abuse Prevention Council

Childhood Injury State-by State Mortality Facts, 1989

Contra Costa Times, 1987

Cost of Injury in the United States - A Report to Congress, 1989

Injury Prevention - Meeting the Challenge, 1989

New York Times, 1990

Oakland Tribune, 1986, 1988

Prevention Program

Rape and Sexual Assault - A Research Handbook, 1985

The PACT grant, 1990

The Role of Public Health in Preventing and Reducing the Incidence of Interpersonal Violence

The Violence Against Women Act of 1990

Time, 1987

U.S. House of Representatives Select Committee on Children, Youth, and Families

West County Rape Crisis

FACT SHEET: The Status of Contra Costa Children

Hunger and Homelessness

-CONTINUED -

Children who don't eat enough are smaller/shorter. When they become adults (particularly the females) and have children, their children tend to be low birth weight. Low birth weight children are at risk for additional health problems.

For every dollar spent on the prenatal WIC program, \$1.77 - \$3.13 is saved in Medi-Cal costs.

Chronic undernutrition and hunger affects brain growth, immunity, overall health, emotional well-being, concentration and learning. Specific health problems result in higher absenteeism from school.

ANECDOTAL INFORMATION:

- Many ways to stretch food dollars lead to poor nutrition/decreased growth (e.g. Kool-Aid instead of juice or milk, overdiluting infant formula, substituting cheaper foods with poor nutrient quality).

RECOMMENDATIONS:

Enact California legislation to put state funds into the WIC program.

Support the expansion of the Summer Food Service Program so that all low-income children in Contra Costa can be served.

Improve access to and benefits from the Food Stamp Program so that low-income families with children have enough to eat through each month.

Advocate for a full-time Public Health Nutritionist position within Contra Costa to ensure that community nutrition programs, and access to food and nutrition care services are sufficient to meet the needs of the county's low-income population.

SOURCES:

Contra Costa County Hunger Task Force, In The Midst of Plenty...Ten Myths, Dec. 1987

Contra Costa Times, Concord Kitchen Reveals the Face of Hunger Statistics, March 31, 1991

Department of Finance, California Statistical Report, 1990

Food Research and Action Center, Community Childhood Identification Project Report, March 1991

Food Research And Action Center, Hunger in America, March 1989

HeadStart Program Director, Contra Costa County, Jan. 1991.

United Way of the Bay Area, Contra Costa County Needs Assessment, 1990

WIC Program Director, Contra Costa County, Jan. 1991

FACT SHEET: *The Status of Contra Costa Children*

Hunger and Homelessness

BACKGROUND:

According to the 1980 census, 10 percent of all children under 12 in Contra Costa County lived in households below the poverty line. Living below the poverty line puts tremendous strains on a household budget, adversely affecting the ability to purchase a nutritionally adequate diet. Food is one of the few flexible items in a poor person's budget, making it one of the first items to go when budgets are stressed. This can lead to chronic undernutrition and hunger. The myth that occasionally missing a meal has little effect on health applies only to adults who are in good health to begin with. Children are growing rapidly, and it is essential that they receive needed nutrients daily. Government surveys show that as income goes down, the nutritional adequacy of the diet decreases as well.

SCOPE OF THE PROBLEM:

- There are approximately 12,800 children at risk of hunger in Contra Costa County. The United Way Needs Assessment estimates that there are 2,750 homeless children in Contra Costa County.
- In 1990, 7,060 county residents received emergency food baskets each month, 1,200 residents ate in soup kitchens daily. Both nationally and in our county the primary recipients of food benefits are children.
- Seventy four percent (74%) of emergency food recipients are families with children.
- Federal Food Programs (e.g. Food Stamps; School Lunch/Breakfast; Head Start; Child Care Food Program; Summer Food Service Program; Women, Infants & Children - WIC) are the first line of defense against the problem of hunger, yet in Contra Costa only 40% of eligible children receive WIC and only 25% participate in the School Breakfast Program. Only 18% are enrolled in HeadStart.
- The Summer Food Service Program is not available in many areas of Contra Costa.

Recession leads to increased unemployment —> to increased hunger and homelessness —> to poorer health for children.

TRENDS:

- There has been a 52% increase (since 1987) in emergency food pantry clients.
- Due to inadequate WIC funding, children over 18 months can no longer be served by the program.
- There has been an 83% increase in meals served in soup kitchens since 1981.

ECONOMIC AND HUMAN COSTS:

Hungry children are 2-3 times more likely to suffer from individual health problems than non-hungry children.

FACT SHEET: *The Status of Contra Costa Children*

Juvenile Crime & Delinquency

BACKGROUND:

Youth, their families and the community are endangered and injured through the behavior that constitutes juvenile crime and delinquency. The handling of crimes involving these youth should utilize a balanced system that provides preventative services, and corrections, in the least restrictive environments. A high value must be placed on maintaining family units while providing services which hold the youth accountable and imposing punishment in accordance with law and due process. A system for youth that punishes without treating is a system out of balance.

SCOPE OF PROBLEM:

- Each year approximately 5,000 crimes involving youth under the age of eighteen are referred to the Contra Costa County Probation Department. Many other minor crimes are handled in the community by the local police.
- Contra Costa County does not have a high number of youth on probation or in correctional facilities when compared to similar California counties. California, however, places on probation and commits to correctional institutions a disproportionately high number of youth as compared to other states.

TRENDS:

Between 1987 - 1989 arrests of youth in Contra Costa County declined. At the same time, referrals to Probation increased 45%.

While arrests of other groups were falling in absolute numbers, the number of African-American youth arrested was increasing. African-Americans constitute a high and increasing proportion of youth arrested on felony drug charges.

While placements in the California Youth Authority remain constant at about two percent of youth on probation, placements in other secure facilities and private placements rose significantly. During 1989 and 1990 two county-run secure placement institutions were closed for lack of funding.

County projections indicate that the total detained and committed juvenile population will increase 41% by 1995. Many of these youth will need mental health and substance abuse treatment.

ECONOMIC AND HUMAN COSTS:

Currently Contra Costa County spends \$5,274,499 per year investigating 5,000 juvenile crime matters and supervising 2,000 youth on probation, and \$7,659,000 to operate Juvenile Hall and Byron Boys Ranch. State, federal, and local funds for the residential placement of probation wards is \$9,360,000 per year.

FACT SHEET: The Status of Contra Costa Children

- CONTINUED -

Juvenile Crime & Delinquency

RECOMMENDATIONS:

- All model programs are in need of increased funding and expansion.
- The juvenile corrections system is seeing many youth who are more disturbed than delinquent. Increased mental health programs are needed to serve these youth.
- Contra Costa County is in the vanguard of California counties due to its Family Preservation program. The program is one of the very few inter-agency family preservation programs in the United States that serves delinquent youth. Through county sponsored state legislation the County is receiving additional funding to expand the program county wide in 1991. Programs like this need additional funding so they can be expanded.
- Other model programs addressing juvenile crime and delinquency problems which are effective and should be expanded are:
 - Juvenile assessment teams
 - Youth diversion programs
 - Intensive probation supervision programs
 - Probation placement diversion programs

SOURCES:

Contra Costa County Juvenile Corrections Master Plan Update, October 1990

FACT SHEET: *The Status of Contra Costa Children*

Mental Health

BACKGROUND:

A child's mental health is influenced by all that goes into his or her existence—the functioning of mind and body, relationships within the family, and the kind of home, community and larger society in which the child lives. Thus many of the issues identified in the other factsheets impact the mental health of children and families.

SCOPE OF THE PROBLEM:

- Applying national statistics locally, 24,250 (12%) to 44,469 (22%) of the children in Contra Costa County have psychiatric difficulties serious enough to interfere with their daily lives; four to six thousand or 2 to 3% are seriously emotionally disturbed.
- Nationally, the teen suicide rate rose 58% between 1975 and 1987.
- The majority of mentally ill children are neither identified nor treated.
- California's mental health system is in crisis due to chronic underfunding plus rapid population growth both in numbers and diversity of ethnic and cultural groups.
- The national average for per capita spending on mental health is \$52.53. California spends only \$34.47.
- The state's per capita support for local mental health services has declined 21% since 1977-78, using figures adjusted for inflation and population growth.

TRENDS:

In the last ten years for services funded by public dollars, the county has experienced the following:

- The demand for services has increased across age ranges from preschool through adolescence.
- The level of disturbance is higher generally in children and families served now than ten years ago.
- Many more youth require service who have both a serious mental illness and a substance abuse problem.
- The number of children who have experienced multiple losses and violence has increased dramatically.
- More children birth to age six are recognized as at risk of psychosocial delay or emotional disturbance due to parental drug use and other stresses on the changing American family.

ECONOMIC AND HUMAN COST:

Psychosocial maladjustment, behavior problems and emotional disturbance interfere with a child's ability to concentrate and learn in school. Self-esteem suffers. Without appropriate intervention or treatment, troubled children often become disturbed adults who exact a high price from society: low productivity, crime, incarceration expense, medical costs, and ongoing need for support services at public expense.

FACT SHEET: The Status of Contra Costa Children

Mental Health

- CONTINUED -

Mental illness imposed a \$103.7 billion burden on the U.S. economy in 1985 with \$129.3 billion the estimated cost for 1988. Contra Costa spent some eight million in public dollars for mental health services for youth in 1990-91. For any specific family or individual (child or adult) the cost of suffering caused by mental illness or family dysfunction is incalculable.

RECOMMENDATIONS:

- Create a separate funding base within California for public mental health services.
- Urge the medical insurance industry to increase coverage for mental health services for youth outside hospitals.
- Increase funding for "comprehensive interagency systems of care" for seriously emotionally disturbed youth including alternatives to residential and hospital care (AB377).
- Increase early intervention efforts for young, at risk children (birth- 6 years and K-3 grades)
- Expand development of collaborative, interagency, family centered services for troubled children and families. (Goal: a comprehensive service system county-wide.)
- Increase the language/cultural competence of service providers.

SOURCES:

1990 Census Data, Contra Costa County

1990 Year End Report: Children's Committee, California Conference of Local Mental Health Directors.

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Contra Costa County Children's Coalition

FACT SHEET: *The Status of Contra Costa Children*

Out of Home Placement

BACKGROUND:

Child endangerment due to parental neglect, absence or incapacity has become the primary reason for the placement of children in foster care in California.

During 1985, in Contra Costa County there were 4,180 family referrals for emergency response. By 1988, this number had increased 125% to 9,410 families. (These are duplicated counts. Some families may have been referred more than once or by more than one source). In 1987, general neglect was the major factor, accounting for 39% of referrals; other factors included: physical abuse (26%); sexual abuse (17%); parental absence or incapacity (11%); severe neglect (5%); and emotional abuse (2%). Parental alcohol and drug abuse contributed greatly to the large increase in child abuse and neglect cases.

SCOPE OF THE PROBLEM:

- In California, nearly two thirds of the children in out-of-home care are minority children. The state's ethnic diversity requires targeted family preservation strategies that are culturally relevant to these families.
- As of December 1990, there were 2,478 Contra Costa County children in out-of-home care (Social Services 2,223; Probation 255). Fifty percent of these children were Black; 42% White; 6% Hispanic; and 2% other (Asian, Indian, Filipino). Approximately 50% of the minors in out-of-home placement are placed with relatives.

TRENDS:

The age of children in foster care in California gets younger every year. In four years, the number of children in foster care younger than four years of age increased by 165%. Our experience in Contra Costa County is similar. In 1985, 221 children from birth to age six were in foster care; in 1988 the number had risen to 422.

The number of babies in foster care is escalating at a shocking pace - an increase of 235% in four years in California. In 1985, 10% of Contra Costa County children in foster care were two years of age and younger. The percentages have increased each year: in 1986, this group accounted for 13% of children in foster care; in 1987 they comprised 16%; and in 1988 they totaled 20%. This is a 100% increase in four years.

Children are staying longer in foster care. In California, there has been an increase in the average number of months of placement for children from 15 months in 1987 to 20 months by 1989.

FACT SHEET: The Status of Contra Costa Children

Out of Home Placement

- CONTINUED -

ECONOMIC AND HUMAN COSTS:

In four years, the number of children in out-of-home care in California increased 65%. Total expenditures for this care increased \$300 million.

In the four years from 1985 to 1988, Contra Costa experienced a 66% increase in the number out-of-home placements (from 1,032 to 1,709 children). Total expenditures for foster care increased from \$11,061,000 in 1985 to \$14,841,000 in 1988, a difference of \$3,780,000 or 34.7%.

Group home care, one of the most expensive and intensive approaches for serving children, accounted for \$200 million of the increased cost of out-of-home placements in California. The average cost per month per child in Contra Costa is \$3,000. Over four years, group home placements in the county increased by 108 minors.

PROJECTIONS:

Over the next five years, continued growth in the foster care caseload can be anticipated despite the implementation of family preservation services countywide. Newly available drug treatment programs for pregnant women and mothers of newborns may decrease the number of infants entering the foster care system.

RECOMMENDATIONS:

- Advocacy on behalf of family preservation and family focused approaches is needed. These approaches must be viewed as viable cost-effective, people-effective alternatives to family separation.
- Training for foster parents must be improved to increase their ability to care for very difficult children.
- Respite care must be offered to foster parents and caretaker relatives.
- The foster care payment system must be standardized so that counties can't "raid" foster homes from each other. When children are placed out of their home counties, family visits are difficult to maintain.
- A comprehensive health care tracking system for foster children is needed so children's records are not lost as they are moved from family to family.
- Adoption services need more federal/state financial support in finding placements for children who have special needs (siblings, older children, minority, and disabled children). The drug problem and increasing child abuse and neglect are creating an ever growing need for adoptive homes.
- A full continuum of services which meets the needs of families must be developed so families can raise their children safely and responsibly.

SOURCES:

County Welfare Directors Association, report on foster care

Foster Care Information System (FCIS), statistical reports to the California Department of Social Services

FACT SHEET: *The Status of Contra Costa Children*

Teen Pregnancy

BACKGROUND:

The consequences of teen pregnancy and teen childbearing can be devastating to the teenager and the child. Studies have shown that adolescent mothers face great health risks during pregnancy and their children also face a higher risk of low-birth weight and infant mortality. Teen mothers are also more likely to drop out of school, have lower paying jobs and lower incomes.

SCOPE OF THE PROBLEM:

California has the highest teen pregnancy rate in the country. Each year more than 1.1 million 15-19 year olds become pregnant and almost 500,000 give birth. Eight in 10 teenage pregnancies are unplanned. More than half of American teenagers aged 15-19 had premarital sex in 1988, up from 28.6% in 1970.

Though the rate of sexual activity among teens increased sharply in the 1980s, the overall teen pregnancy rate changed little because contraception use improved. **However, one third of all teenagers engaging in sexual activity still have unprotected sex.**

In Contra Costa County, as nationally, there has been an increase in births to teens 14 years old and under. More than one in five births to teens is a repeat birth. Fathers of babies born to teenage mothers are generally over age 18. In 1986, 72% were between 20-24 and about 11% were over age 24.

TRENDS:

If current rates continue, there will be more than 252,000 school-age mothers in California by 1992. There will be 60,000 girls ages 10-19 years old in Contra Costa County by the year 2,000. This is up from 47,000 in 1980 and approximately 45,000 in 1990. Four in 10 will get pregnant while still in their teens.

Births In Contra Costa County To Teens Less Than 18 Years Old

	1981	1982	1984	1985	1986	1987	1988
Births to Teens	344	343	311	349	355	338	358
Percent of All Births	3.6%	3.4%	3.0%	3.2%	3.2%	2.9%	2.9%

The problem of teen birth is greater in East and West Counties, with about one half of all teen births occurring in West County.

Teens with poor basic skills, whether African-American, White or Hispanic, are three times more likely to be parents than those students with average skills.

ECONOMIC AND HUMAN COSTS:

Nationally, half of all teen mothers never finish high school. Out of 99 Adolescent Family Life clients in Contra Costa who were teen parents, 31 dropped out of school because they did not have child care.

The 1986 rate of low birth weight babies born to teenagers age 15-19 is 7.4% compared to the rate of 5.8% for women age 20 and over. The younger the mother, the more likely that her baby will be low birth weight.

FACT SHEET: The Status of Contra Costa Children

Teen Pregnancy

- CONTINUED -

Low birth weight infants are three times as likely to suffer neurological disabilities and are also at higher risk of birth defects, lower respiratory tract conditions, and chronic pulmonary disease. In 1984, Medi-Cal paid an average of \$45,200 per infant born under 1,500 grams (3.3 pounds).

In 1985, California public costs for families begun by the first births occurring while the woman was a teenager were \$3.08 billion. Among children ages 5 or younger living in poverty, nearly half live in families established by mothers who began having children as teenagers.

RECOMMENDATIONS:

- Implementation of existing state guidelines for age-appropriate K-12 family life and parenting education for all districts.
- Improved access to over-the-counter contraception and contraceptive advertising (other than only HIV prevention focused).
- Modeling of responsible sex through the media..
- Constructive activities for teens: theater and dance, parks and recreation, teen centers, peer education programs.
- Increased awareness that sexual abuse contributes to a high teen pregnancy rate and promiscuity.
- Reaching males by establishing paternity and mandating child support.
- Over two-thirds of adults surveyed in Contra Costa County believe that schools should establish comprehensive health clinics. Of the adults surveyed, 65% believe that these health clinics should offer family planning.
- School counseling and other interventions with children at risk of academic failure.
- Job training and job opportunities.

SOURCES:

Alan Guttmacher Institute, News. Released Nov. 8, 1990

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Contra Costa County Children's Coalition

FACT SHEET: The Status of Contra Costa Children

Nutrition and Fitness

- CONTINUED -

ECONOMIC AND HUMAN COSTS:

- Overweight children often face social discrimination at a very early age and subsequently develop poor self esteem, which in itself can lead to destructive physical and mental health habits.
- Bulimia can cause tooth and gum disease, swollen salivary glands, internal bleeding, irregular heartbeat, and, in rare cases, heart attacks.
- Ten to 15 percent of all those with anorexia die from starvation or the complications from near-starvation.

RECOMMENDATIONS:

- Require nutrition education at all grades.
- Support and promote implementation of the California Daily Food Guide in grades K-12.
- Maintain physical fitness programs in school systems.
- Regulate food advertising on children's television shows.
- Mandate periodic nutrition assessments for all school-age children.

SOURCES:

American Medical Association; Targets for Adolescent Health: Adolescent Nutrition and Physical Fitness, 1991

Bell, Ruth, Changing Bodies, Changing Lives, Vintage, New York, 1989

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National Research Council, Diet and Health, 1989

Sandoval, Ana, "Fear of Fat is Affecting Young Dieters' Growth" Sacramento Union, April 12, 1986

TeenAge Program Assessment, unpublished UC Berkeley study, 1991

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FACT SHEET: The Status of Contra Costa Children

Nutrition and Fitness

BACKGROUND:

Poor and improper eating habits have been linked both to the development of chronic diseases and the recent surge in eating disorders such as anorexia and bulimia.

Eating a diet high in fat and sugar, and low in vegetables, fruits, and fiber is a causative factor in chronic diseases such as cancer, diabetes, and coronary heart disease. Coupled with little physical activity, it leads to obesity. Childhood obesity increases the risk of adult obesity, which in turn increases the risk of all of the chronic diseases mentioned above.

However, a fear of obesity, especially among young white women in the middle and upper socioeconomic classes and sports-active children of all classes, has led some children to begin to diet at an early age when their bodies need every single calorie to grow. Stunted height and bodies failure to mature at a normal rate can result.

Because lifetime eating patterns are established during infancy, childhood, and adolescence, it is important that children be encouraged to choose nutritious foods, develop healthful eating habits, and maintain appropriate levels of physical activity.

SCOPE OF THE PROBLEM:

- It is estimated that more than 47,000 of Contra Costa children are obese (20-30% above weight for height, age, and sex).
- 27% of teens surveyed at a Contra Costa County health clinic in 1991 were clinically obese (the national average is 25%).
- In physical fitness tests conducted in Contra Costa schools in 1990, only 18% of fifth graders met fitness standards for four out of five tests (flexibility, sit-ups, pull-ups, skinfolds, and run/walk).

TRENDS:

Adolescents spend about 40% of the family food dollar and prepare about 13 meals per week for themselves and/or their families.

Children are eating more fast foods, less nutritious foods; not getting enough nutrition education (in schools/homes); not learning to cook; getting less physical activity (due to TV, unsafe streets, suburban life).

A recent study found that 80% of 10-year-old girls felt that they were "too fat" and were dieting.

Children are fatter today than they were in the 1960's - obesity has increased 54% among children 6 - 11, and 39% for those 12-17 (USPHS).

FACT SHEET: *The Status of Contra Costa Children*

Tobacco Use

BACKGROUND:

Deaths caused by tobacco use are entirely preventable. Prevention of tobacco use must focus on children; the majority of current smokers began smoking before age 16. Every day 3,000 adolescents begin smoking in the United States. Another nine million children are exposed to cigarette smoke at home.

SCOPE OF THE PROBLEM:

Tobacco use among youth. It is estimated that 9,507 high school students smoke and another 1,837 use chewing tobacco in Contra Costa County. Surveys show that many adolescents who start smoking are unaware of or underestimate nicotine addiction and the health risks associated with tobacco use. 53% of high school seniors who smoke have tried to quit and have failed. The majority of daily smokers in high school continue to smoke seven to nine years later, even though 95% of them reported in high school that they definitely would not be smoking in five years.

Youth exposed to second-hand smoke. An estimated 14,362 children in Contra Costa are exposed to secondary smoke in the home. The prevalence of respiratory infections and symptoms among these children is much higher compared to children of non-smoking parents. Seventeen percent of lung cancers in non-smokers are attributable to exposure to second-hand smoke as children. Approximately 3,654 Contra Costa women smoke during their pregnancy. Prenatal exposure to tobacco smoke leads to an increased incidence of low birth weight; prematurity; spontaneous abortion; still birth; and neonatal death.

Youth access to tobacco products. Children in Contra Costa have easy access to tobacco products. In a recent project study, under-age children were sold tobacco products 70% of the time over the counter and 100% of the time out of vending machines. Children also get tobacco products through promotional giveaways - at community events, and through send-away coupons attached to advertising.

In 1988, 3% (or \$221 million) of the tobacco industry's profits derived directly from the sale of cigarettes to children.

TRENDS:

In the late 70s and early 80s, national rates of tobacco use among children declined, from 29% in 1977 to 20% in 1981. Unfortunately, this downward trend has slowed. From 1981 through 1988, the national rate dropped only another 2.2%. Cigarettes are used daily by more high school seniors than any other class of drugs.

Children are beginning to use tobacco at an earlier age. The average age of first use of smoking tobacco is 11-14 years of age; for chewing tobacco it is 10 years of age. Studies show that the younger a person is when s/he begins using tobacco, the less likely it is s/he will quit. The majority of new smokers are young girls, minority youth, and youth who are not college bound, particularly out-of-school youth.

ECONOMIC AND HUMAN COSTS:

California

\$5.1 billion dollars is spent annually in direct health care costs for smoking-related disease.

FACT SHEET: *The Status of Contra Costa Children*

Tobacco Use

- CONTINUED -

Contra Costa County

\$87.5 million in medical care was spent on Contra Costa County residents afflicted with smoking-related diseases (1985).

RECOMMENDATIONS:

Restrict children's access to tobacco products.

- Strengthen enforcement of current laws prohibiting the sale of tobacco products to minors.
- License retailers who sell tobacco products, similar to an alcohol license.
- Ban vending machines.
- Ban free distribution of tobacco products and coupon send-aways.

These alternatives have been implemented by a number of city and county governments throughout the country.

Restrict placement of tobacco advertising. Studies show that children are influenced by tobacco advertising. Limit placement of billboards near schools, churches, and other areas where children congregate.

Restrict smoking at work and in public places, particularly where youth congregate or work (i.e., schools, daycare centers, malls, restaurants).

Introduce smoking education and prevention activities in school curricula, K-12. Schools have received Prop 99/AB 75 funds to enhance existing curriculum and to begin new program activities. Contra Costa needs to ensure that tobacco use prevention is not overshadowed by other drug and alcohol prevention efforts.

Educate young women of childbearing age about the risks of smoking to themselves, during pregnancy, and to their children. Innovative programs have been developed to reach these women through family planning and prenatal clinics, well-baby clinics, and public health nursing visits.

Fund media activities to counter the tobacco industry's advertising. The federal government's anti-smoking campaign in the 70s led to a decrease in smoking. Preliminary evidence also shows that California's anti-tobacco media campaign is having a pronounced effect on both youth and adult attitudes/knowledge and behaviors regarding smoking.

SOURCES:

CDHS, Tobacco Use in California, 1990

National Institute on Drug Use, "Drug Use Among American High School Students, College Students, and Other Young Adults", 1987

Pedveira, FA, et al. "Involuntary Smoking and the Incidence of Respiratory Illness During the First Year of Life", Pediatrics, 1985; 75:594-7

US. DHHS, "Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General", 1989

FACT SHEET: *The Status of Contra Costa Children*

Health Care

BACKGROUND:

For the first time in the history of this country, young people are less healthy and less prepared to take their place in society than were their parents.

SCOPE OF THE PROBLEM:

Since 1988, there has been a sharp drop in the number of physicians who will accept low income (Medi-Cal recipient) children. Inadequate health care results in late detection of remediable problems, inadequate immunization against disease, and little health promotion activities such as education for parenting skills, injury prevention, nutritional guidelines, and behavior counseling.

- **Low birthweight:** The incidence of low birthweight infants increased in Contra Costa County between 1984 and 1988 from 5.4 to 6.4 percent. These infants (less than 5 1/2 lbs) are born more than twice the frequency to black women.
- **Infant Mortality:** This county ranks 14th in the state in high death rates of African-American infants. The infant mortality rate is twice as high among African-American infants and in West County as in other populations and areas of the county.
- **AIDS:** Contra Costa ranked highest in the state in the rate of newborns who tested positive to HIV in a three month anonymous sample done throughout California in 1989. It is projected that 30 children will be born to infected mothers each year in our county.
- **Dental Health:** Between 1979 to 1989, only 10 to 15 percent low income three year old children who were referred for dental exams through their wellness checkup had actually been seen by a dentist. Dental care access is severely limited because reimbursement for dentists who see Medi-Cal/Denti-Cal eligible children is inadequate to meet their costs of care.
- **Children with Special Needs:** Our county covers costs of treatment for some 1,500 low-income children. There are a number of other children who need early developmental intervention, but for whom no programs are available.
- **Access:** Medical resources for low-income children and pregnant women are severely limited, especially in East County.
- **Immunization:** Although Contra Costa fares well in general, compared with State averages for immunization levels, the majority of low-income children are under immunized.
- **Women, Infant, and Children (W.I.C.) Programs:** WIC, which provides nutritional supplements for medically at risk low-income pregnant women is inadequately funded and serves only 33 percent of eligible children in the county, most of whom are infants.

ECONOMIC AND HUMAN COSTS:

- Low birthweight infants are more than 40 times more likely to die in the first year of life and have a much higher rate of long-term physical and developmental disability.
- 60 percent of young children have not received immunizations according to recommended schedules for diseases including diphtheria, tetanus, whooping cough, measles, mumps, German measles and "H" influenza.

FACT SHEET: The Status of Contra Costa Children

Health Care

- CONTINUED -

- Among children in out-of-home placement (foster care homes and extended family homes) there are unusually numerous and severe health and developmental problems, inadequate reunification programs and poor outcomes of children relative to health, educational attainment and socioeconomic adjustment.
- The number of AIDS cases is expected to rise as the incidence of AIDS in heterosexual women continues to increase.

RECOMMENDATIONS:

- Continue efforts to improve acceptance/acceptability of prenatal care in African-American women.
- Continue/increase drug treatment availability for women of childbearing age.
- Increase/improve efforts for developmental intervention for families of low birthweight infants.
- Increase outreach efforts for high-risk populations to prevent low birthweight deliveries.
- Offer immunizations at sites where low-income families receive other services - eg. WIC.
- Pediatricians/Family Practice physicians must be paid at least their costs to provide care to low-income children - via increased Medi-Cal fees and adoption of a universal health insurance plan for these children, otherwise uninsured.
- Advocate for more comprehensive competent services system for children in out-of-home placement.
- Increase AIDS education/prevention efforts through "on the street" and in-school outreach programs.
- Continue/increase case management services through the Regional Center system for children with developmental disabilities.
- Advocate for increasing intervention and family support through home services for at-risk infants through the Interagency Council of Infant Services.
- Advocate for full funding of the WIC Program for better prenatal and infant nutrition.

SOURCES:

American Academy of Pediatrics

Code Blue: Uniting for Healthier Youth, "A Call To Action," The National Commission on the Role of the School and the Community in Improving Adolescent Health

Department of Social Services - Contra Costa County

Developmental Disabilities Council data

Interagency Council of Infant Services

Public Health Division, CHDP Program

Public Health, MCH data

Public Health Division, MCH Program

Regional Center of the East Bay

State Department of Health Services AIDS Surveillance Program

State of California Department of Health Services

FACT SHEET: The Status of Contra Costa Children

Unintentional Childhood Injuries

BACKGROUND:

Injuries to children cause more deaths than all diseases combined and are a leading cause of disability. Childhood injury prevention is more than a question of adult supervision; injuries are usually predictable and controllable.

Nationally, the four leading types of unintentional childhood injury deaths (0-19) are motor vehicle (occupant), drowning, pedestrian (hit by motor vehicle) and fire/burns.

Motor vehicle collisions account for 47% of all childhood injury deaths. Fatality rates for adolescents age 15-19 are almost 10 times those of children younger than 10 years. Approximately half these deaths involve alcohol.

In California, the three leading causes of injury resulting in death for children 0-14 are: drowning; motor vehicle (occupant); and pedestrian (hit by motor vehicle).

SCOPE OF THE PROBLEM:

Motor vehicle collisions are responsible for approximately 40% of all California childhood deaths (age 0-14). One hundred six Contra Costa children were injured in motor vehicle collisions in 1989. Twenty-two children in the county died during 1988 as a result of motor vehicle collisions.

An observational study of low income areas in Contra Costa found less than one half of all children, only 12% of four year olds and 10% of five-10 year olds, were restrained by car seats or seat belts. Drowning is the leading cause of death for California children age one to five. Seven Contra Costa children died by drowning in 1987-88. There were more than 750 pools built in 1990 alone. Estimates predict that the rate of drowning increases roughly the same as the rate of new pools built. For every drowning that occurs there are approximately five near-drownings.

TRENDS:

- In the last 60 years, death rates due to infectious diseases declined 90%, while death rates from injuries declined only 40%.
- Between 1968 and 1986, rates of childhood injury deaths (0-19) declined 25%, while death rates for childhood diseases declined 56%.

ECONOMIC AND HUMAN COSTS:

- In 1986, injuries to children 0-19 accounted for close to 1,250,000 years of potential life lost before age 65, more than the next two leading causes combined.
- Each year, injuries account for 20% of all hospitalizations of United States children, nearly 16 million emergency room visits, and permanent disability to more than 30,000 children. In 1985, the estimated direct (actual dollar expenditures) and indirect (value of lost output due to morbidity and mortality) costs of childhood injuries were \$8.3 billion. Lifetime costs exceeded \$13 billion.

FACT SHEET: The Status of Contra Costa Children

Unintentional Childhood Injuries

- CONTINUED -

PROJECTIONS:

Contra Costa's rapidly increasing population corresponds with a greater number of motor vehicles and pools and potential for fires. As a result, an increased number of childhood deaths will involve motor vehicle collisions, drownings and fires, currently the three leading causes of death of California children.

RECOMMENDATIONS:

Traffic Collisions:

- Greater enforcement of safety belt and child car seat use.
- Require compulsory Blood/Alcohol/Content (BAC) tests in traffic injury cases.
- Conduct research to improve safety belt systems for children under 14.
- Increase roadway lighting, roadway barriers, school zone measures, and use of pedestrian crossing signs.
- Adopt mandatory motorcycle and bicycle helmet laws.
- Design devices to improve the visibility of pedestrians, bicyclists and motorcyclists.

Drowning:

- Adopt pool fencing ordinances in all Contra Costa cities and expand fencing to include hot tubs, spas and jacuzzis.
- Increase availability of life preservers, telephones and ropes in pool area.
- Educate parents, older children and child care providers in CPR.

In General:

- Provide education in schools and community regarding unintentional injury.
- Support coalitions which involve injury professionals, service providers and the community.
- Design policies and organizational practices to reduce the incidence of injury.

SOURCES:

Annual Report of Fatal and Injury Motor Vehicle Traffic Accidents (SWTRS) California Highway Patrol, 1989

"Childhood Injuries in the United States," American Journal of Diseases of Children, June 1990, vol. 144

Childhood Injuries: State by State Mortality Facts, Annual Report, 1989

Cost of Injury in the United States: A Report to Congress, 1989

Injury Prevention: Meeting the Challenge, 1989

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